

PLACE OF BIRTH

1. County of Pima
 District of 7
 Town of Glendale
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 366
 County Registrar No. _____
 Local Registrar No. 150

2. Full name of child Martin David Robinson (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? yes 6. Date of birth 9-26-25 (Month day year)
 7. If child is not yet named, make supplemental report, as directed.

8. FATHER
 Full name Jack Joe Robinson
 9. Residence (Usual place of abode) Glendale
 If nonresident, give place and state
 10. Color or race W
 11. Age at last birthday 37 (Years)

14. MOTHER
 Full maiden name Emma Heekle
 15. Residence (Usual place of abode) Glendale
 If nonresident, give place and state
 16. Color or race W
 17. Age at last birthday 37 (Years)

12. Birthplace (city or place) (State or country) Michigan
 13. Occupation Laborer
 Nature of industry _____

18. Birthplace (city or place) (State or country) N. M.
 19. Occupation at home
 Nature of industry _____

20. Number of children of this mother (a) Born alive and now living 7
 (b) Born alive but now dead 0
 (c) Stillborn _____
 (Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn.) at 9:55 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
 Given name added from a supplemental report _____

Signature Dr. Ross C. Martin (Physician or midwife)
 Address Glendale, Ariz.

Month, day, year.

Filed _____

Local Registrar.

Registrar.

Filed _____

County Registrar.

495-926-585